

SBHC Staffing

SBHC Staffing Model Options

There is a wide range of SBHC staffing models across the U.S. and Washington state. Staffing may be determined by identified student and community needs, distance from other healthcare resources, SBHC sponsor capacity, and resources available to invest in the SBHC.

A typical SBHC staffing model might include the following core staff:

- **Medical provider:** Pediatric/Family Practice Advanced Registered Nurse Practitioner (ARNP) or Physician Assistant (PA) licensure. Some SBHCs may hire providers with a Doctor of Medicine (MD) or Doctor of Naturopathic Medicine (ND) licensure.
- **Behavioral health provider:** Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC) or similar licensure.
- **Clinic coordinator:** Non-licensed/-credentialed professionals with experience in the health and/or education sectors. Some SBHCs may hire a Medical Assistant (MA) in the coordinator role to allow the coordinator/MA a broader role in supporting students and the medical provider. Some may hire a health educator or care coordinator serving in multi-purpose or separate roles.

Below are some examples of SBHC staffing models in King County. These SBHCs are partially funded by local levy resources:

- **High school:** one full-time ARNP/PA, one or two full-time behavioral health providers, a half-time health educator, and one full-time SBHC coordinator.
- **Middle school:** one full-time ARNP/PA, one full-time behavioral health provider, and one full-time SBHC coordinator. Some locations may have a .5-1.0 full-time equivalent (FTE) ARNP/PA.
- **Elementary school:** 0.4 full-time equivalent (FTE) of an ARNP/PA and 0.4 FTE of a behavioral health provider, and one full-time SBHC coordinator. The medical and behavioral health provider may have alternating schedules.
- There may be **rotating or mobile dental services serving different ages and school types**. See below for more detail.

Operating in smaller schools or more rural communities in Washington, SBHC sponsors may have other staffing models:

- One SBHC sponsor prefers a model of one care coordinator with two behavioral health professionals per clinic (for mutual support and sharing of heavy caseloads), with rotating medical providers at each school a couple of days a week for scheduled appointments.
- Another SBHC sponsor, in a rural school district without other health care available nearby, provides a robust staffing model to serve all students in the district as well as school district

SBHC Staffing

staff. SBHC staffing includes a registered nurse, ARNP, behavioral health providers, dentist, dental assistants, medical assistant, patient service representatives and clinic manager.

Roles, Responsibilities, and Training

Clinic coordinator. The clinic coordinator is usually the first person to engage with students, families, and visitors when they visit the SBHC. Their responsibilities might include registering new patients, scheduling appointments, checking in patients, and following up on referrals. The SBHC coordinator can play an important role in outreach and health education, engaging students, families, school administration, and the school community and serve as the go-to resource for all questions related to SBHC services and providers' schedules. They support care coordination and play a vital role in health education in the school community. Depending on credentials and training of the person in this role, the clinic coordinator may also be able to provide other support to SBHC providers.

Medical provider. While SBHC staffing and business models vary across the state, many SBHCs have the medical provider operating unaccompanied and performing all the work done by a MA and registered nurse (RN) in a traditional community clinic (in addition to operating at the top of their own licensure). This medical provider model not only keeps the staffing costs down, it also promotes the enhanced relationship between the medical provider and the student. This model of care may mean that providers need to be prepared to operate without on-site clinical support, supervision, and consulting colleagues. This requires experienced providers and exceptional training in standard clinical practices by supportive clinical supervisors. It is also worth highlighting that clinical supervisors and colleagues need to be available over the phone for consults and check-ins when issues arise that require additional support.

SBHC medical providers are often specialists in pediatric or adolescent medicine depending on the age group they are serving. Family practice providers with significant experience working with younger populations are also a good fit for SBHCs. If a SBHC plans to serve the broader school community (for example family members of students, school staff or others), then family practice providers may be preferred.

SBHC medical providers get to know their patients in a way that many primary care providers may not, as they spend more time with them during appointments, have more informal interactions with them inside the school building, and collaborate with teachers and school staff in student support.

Behavioral health provider. Integrated behavioral/mental health providers deliver prevention and intervention services to students through a variety of therapeutic techniques, including evidence-based practices. The behavioral health provider's background, experience, and preferred treatment modalities will determine the types of therapy they provide to students and families.

SBHC Staffing

Additional SBHC Roles

Health educator. Health educators can play a key role in high school and middle school SBHCs (with educational curriculum tailored appropriately by age group) in prevention, nutrition education, sexual/reproductive health counseling, health curriculum alignment, and supporting teachers with classroom activities. An analysis at three Seattle high school SBHCs found that the introduction of a half-time health educator allowed for the medical provider to see on average two additional patients per day.

Dental staff. Offering dental services in the SBHC particularly benefits underserved students and their families. Tooth decay is the single most common chronic childhood disease; five times more common than asthma. Millions of school hours are lost each year to dental-related illness, and children living in poverty suffer over ten times more than children from higher-income families. The goal of school-based dental care is to provide dental services to students with high barriers to accessing care in a community dental clinic.

A SBHC dental team may operate with a lean staffing model, with one licensed dentist and one licensed dental assistant, utilizing portable dental equipment that can be set up in the SBHC or another private space in the school on e.g. a monthly basis. Other SBHCs may have a mobile dental clinic visit the school for dental appointments, and others may include a full dental operatory.

Health insurance eligibility specialist. A health insurance eligibility specialist benefits students and their families and the SBHC's bottom line. The role of a eligibility specialist is to make sure that all SBHC patients and their family members are enrolled in an appropriate health insurance plan that meets their health care needs. Eligibility specialists can work with adolescents on a plan that meets their current needs and inform them about their options for health insurance after graduation. Eligibility specialists can be non-licensed professionals who receive training and certification by the Washington Health Benefit Exchange. Some SBHCs may choose to have their clinic coordinator trained and certified to provide these services.

Patient navigator. A patient navigator may play a key role in helping students and families navigate paperwork and care in the SBHC and the broader healthcare system, including an understanding of health insurance and their legal/privacy rights. Patient navigators can be particularly valuable to students and families who primarily speak a language other than English.

SBHC Administration and Support

Depending on the size of the SBHC care team and the total number of SBHCs managed by the SBHC sponsor, some key roles in the SBHC management structure include:

Clinical leadership. Clinical leadership (licensed ARNP/PA) for the medical provider(s) and clinical leadership (licensed LCSW or LMHC) for the behavioral health provider(s). If dental services will be

SBHC Staffing

provided in the SBHC, then clinical leadership (licensed Doctor of Dental Medicine (DMD) or Doctor of Dental Science (DDS) is also necessary for the dental provider(s).

Administrative leadership. Operations and administrative leadership for the SBHC coordinator, health educator, and any other non-licensed staff should also be prioritized. This role can be performed by a non-licensed staff member with health care administration experience. This role focuses more on day-to-day operations, school partnerships, and the business/administrative side of SBHC operations including funding and billing. An operations and administration manager may not be necessary if the clinical leadership is able to cover the operations and administrative aspects of running the SBHC and has the capacity to support both non-clinical and clinical staff.

Training and onboarding. The SBHC clinical and administrative leadership roles are responsible for developing standard training practices and onboarding resources for each role in the SBHC. These standard resources will ensure that all new SBHC staff are getting the same essential information for their unique role in the SBHC. Providing an overview of the different roles of the SBHC care team and the services they provide to all care team members will build an appreciation for the care team's complementary roles and their valuable skills and services.

Regular staff check-ins are necessary if staff are operating unaccompanied in their SBHCs. One-on-one check-ins between the staff member and their clinical or administrative supervisor are valuable to address any issues that are hindering the standard operations of the SBHC. The SBHC staff will quickly become experts on their school, student population and service needs, and SBHC supervisors should encourage the SBHC care team to propose process improvement ideas to better serve the students and school throughout the school year.

Additional Resources

Consulting Specialists. SBHC providers may have need for a clinical consult with a psychologist or psychiatrist in support of the care provided to a particular student. Developing a relationship with a local university's school of psychology and/or psychiatry can benefit the preceptors, graduate students, and SBHC providers who may be faced with unique questions and challenges related to their student caseload. In King County, the SBHCs that receive levy funding and support from Public Health—Seattle & King County partner with University of Washington's [SMART \(School Mental Health Assessment, Research and Training\) Center](#) to receive these services. Statewide, primary care providers can receive support for questions about child and adolescent mental health care from the [Washington Partnership Access Line \(PAL\)](#).

Residents, Students, Interns. SBHC staffing may be supplemented with additional resources through collaborations with community health providers and universities that may be able to provide, for example, adolescent medicine fellows, nursing students, and behavioral health interns to work with the SBHC care team.

SBHC Staffing

SBHC Staff Hiring Considerations

There are some unique considerations when hiring staff for a SBHC. SBHC sponsors will want to prioritize hiring staff with:

A passion for working with youth. The staffing goal for the SBHC should be to get a care team in place that has a passion for working with young people. The SBHC care team has the opportunity to identify any number of the many social determinants of health impacting students, and so need to have the skills to communicate openly and effectively with youth and be approachable, open-minded, and ready to learn.

Cultural and language competency. Wherever possible, hiring SBHC staff who look like the students they serve and speak their language(s) should be considered. This can be key to providing a welcoming space, developing trust, and providing quality care to students and families of color; to indigenous, immigrant and refugee communities; and to other populations historically underserved by our healthcare and education systems.

Ability and willingness to advocate and collaborate. SBHC providers advocate for the physical, behavioral health, and personal needs of students within the school and the larger community. SBHC providers advocate for students through student intervention team meetings and communication with school administrators, school counselors, other school support staff, family members, and community representatives. This includes advocating for students' needs related to disciplinary actions, school performance, basic needs, and individual rights. The SBHC staff and the school staff are collaborative partners in this important work, and they share the responsibility of identifying and meeting the needs of the students they serve and treating the "whole child."

Ability to work with school calendar. Most SBHCs in Washington operate during the school year and close during school breaks when students are not present. If the SBHC is operating in alignment with the school year calendar, SBHC sponsors will need to create a plan for how to manage SBHC staff during the summer and other school breaks. This plan might include transferring SBHC staff to the SBHC sponsor's community clinics (if available) or furloughing staff over school breaks. Some SBHC sponsors may offer services year-round due to their SBHC's location and community needs.

Ability to work independently. In addition to their unique work schedule, SBHC staff may also have unique job descriptions to accommodate the lean business and staffing model that many SBHCs utilize. SBHC staff may need to be more experienced and prepared to operate unaccompanied in the SBHC with limited supervision and clinical oversight. Note: This underscores the value of getting standard policies, processes, and staff training procedures in place in the SBHC planning phase.

SBHC Staffing

Delineation of Roles and Responsibilities

Clear delineation of roles and responsibilities between a school and SBHC, as well as the collaboration between them, will be laid out broadly in the Memorandum of Understanding (MOU) between parties and will need to be further detailed in operational policy and practice.

School Nurse-SBHC Staff Collaboration

A school that has both a school nurse and a SBHC will find that both are able to conduct their work more effectively through collaboration. A school nurse in a large high school may assess the needs of dozens of teens who drop in each day, and the SBHC's medical and other providers can focus their time on scheduled appointments and more complex needs. Defined roles and collaboration allows each practitioner to work at the top of their licensure and provide the best care to students. It also allows the SBHC to generate more health insurance-reimbursable visits for long-term sustainability of the model.